OF PUBLIC SAFETY TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER*				
OH-2 OH-3 LOCAL INFORMATION								2 0 2 5 - 0 0 0 1 0 6 8 0				
PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*							NCIC*	HIT/SKIP	NUMBER OF UNITS			
SECONDARY CRASH	ent Police	0_{\perp}	6,7,0,3	1 - SOLVED	0_2	0 1 99 - UNKNOWN						
COUNTY* LOCALITY*	ION: CITY,		CRASH DATE / TIME* CRASH SEVERITY 1 - FATAL									
6 7 1 2-VILLA		t	0.7.2.6.2.0.2.5./.1.5.0.6. 2 - SERIOUS INJURY									
ROUTE TYPE ROUTE NUMBER	NORTH L	LATITUDE DECIMAL DEGREES SUSPECTED										
ROUTE TYPE ROUTE NUMBER	3 3-E		MAIN				$S \setminus T$	41,153	7 4 3	3 - MINOR INJURY SUSPECTED		
ROUTE TYPE ROUTE NUMBER	R PREFIX 1 - N		EFERENCE ROA	D NAME (ROAD,	MILEPOST, HO	DUSE #)	ROAD TYPE	LONGITUDE DE	CIMAL DEGREES	4 - INJURY POSSIBLE		
ROUTE TYPE ROUTE NUMBER	3 - E	EAST WEST	HAYMAK	KER			PK	-8 ₁ 1 ₀ 3 ₅ 3 ₁	5,3,7	5 - PROPERTY DAMAGE ONLY		
REFERENCE POINT D	DIRECTION ROM REFERENCE	WE51	ROUTE TYPE	E		ROAD TYPE		0	INTERSECTION RE	LATED		
1 - INTERSECTION	1 - NORTH 1 2 - SOUTH	200000000000000000000000000000000000000	NTERSTATE ROU	414	- ALLEY - AVENUE		D - ROAD Q - SQUARE	X WITHIN INTER	RSECTION OR ON A			
1 3-HOUSE #	3 - EAST 4 - WEST	03-1	EDERAL US ROU TATE ROUTE	,,,_			T - STREET	WITHIN INTER	RCHANGE AREA	NUMBER OF APPROACHES		
	DISTANCE		UMBERED COUN	ITY ROUTE I	- CIRCLE		E - TERRACE		ROADWAY			
PROPERTY CONTROL OF THE PROPERTY OF THE PROPER	1 - MILES		UMBERED TOWN	MEHID	- COURT - DRIVE		'L - TRAIL VA - WAY	☐ ROADWAY DIV	IDED.			
2 5 2	2-FEET 3-YARDS	R	OUTE	HE	- HEIGHTS	PL - PLACE		L ROADWAY DIV	IDED			
LOCATION OF F						COLLISION/IMPA	СТ	DIRECTION OF TRAVE	L	MEDIAN TYPE		
1 - ON ROADWAY 2 - ON SHOULDER		SSOVER IVEWAY/AI	LLEY ACCESS	BETV	WEEN 5	- REAR-TO-REAR - BACKING		1 - NORTH , 2 - SOUTH		IDED FLUSH MEDIAN		
0 1 2-0N SHOULDER			ADE CROSSING	VEHI	IOLLS III	- ANGLE	DIDECTION	3- EAST		IDED FLUSH MEDIAN		
4 - ON ROADSIDE 5 - ON GORE		ARED USE AILS	PATHS OR	2 - REAF		- SIDESWIPE, SAME - SIDESWIPE, OPPO		4 - WEST		IDED, DEPRESSED MEDIAN		
6 - OUTSIDE TRAFFI 7 - ON RAMP	UWAI	CE LANE		3 - HEAD	D-0N 9	- OTHER / UNKNOV	VN			IDED, RAISED MEDIAN Y TYPE)		
8 - OFF RAMP		HER/UNK	NOWN						9 - OTH	ER/UNKNOWN		
WORK ZONE RELATED	2	9	WORK ZONE TYP	PE	LOCATIO	N OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	S SURFACE		
WORKERS PRESENT			ANE CLOSURE	COVED	1-	BEFORE THE 1ST V	WORK ZONE	_1_	2	2		
LAW ENFORCEMENT PR	DECENT I	3-W	ANE SHIFT/CROS ORK ON SHOULD		1	ADVANCE WARNIN		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE		
LAW ENFORCEMENT PR	RESENT		R MEDIAN ITERMITTENT OF	R MOVING WORK	1 000	TRANSITION AREA ACTIVITY AREA		55 000 000 000 000 000 000 000 000 000	2 - WET	2 - BLACKTOP, BITUMINOUS,		
ACTIVE SCHOOL ZONE		5 - 01			100000	TERMINATION ARE	EA	3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE	ASPHALT		
LIGHT COND	ITION	T I	7	WEATHE	ER .		9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLAG, G					
1 - DAYLIGHT			1 - CLI		6 - SNOW	OIL, GRAVEL			STONE			
2 - DAWN/DUSK 3 - DARK - LIGHTED	ROADWAY		0 4 2-CLC			ERE CROSSWINDS WING SAND, SOIL, DIRT, SNOW			6 - WATER (STAND MOVING)	3 - DIK1		
4 - DARK – ROADWAY 5 - DARK – UNKNOWN			4 - RA	IN EET. HAIL	9 - FREEZIN 99 - OTHER	G RAIN OR FREEZI	NG DRIZZLE		7 - SLUSH	9 - OTHER/UNKNOWN		
9 - OTHER / UNKNOW		annina	J-3L	ee, naie	77 - OTHER 7	ONKNOWN			9 - OTHER/UNKNO	NN		
NARRATIVE										Indicate the north		
UNIT 2 WAS FAC	INC EAG	CTDO	IIND ON I	EMAIN					<	direction with an "N" on the		
1				E MAIN						compass diagram.		
ST, STOPPED AT	T THE R	ED LI	GHT AT							1		
HAYMAKER PK	KWY. UN	VIT 1	WAS TRA	VELING								
EASTBOUND O	N E MAI	N ST.	FAILED '	ТО		-	E?Main?St			<u></u>		
MAINTAIN ASS					.D.	8: 				2		
Colored De Debugge, No. 200 temperature of the Colored Administrative Colored			DIDITIN		,	Unit	?1 Unit?2					
AND REAR-END	DED UNI	1 2.				977,8003)	NN		
							_	Haymaerzekwy	/ _	N?Willow?St		
										1 1		
									Not To	Soolo		
Not To Scale										. Jours		
CRASH REPORTED DATE			SPATCH DATE /			RIVAL DATE / TIME		SCENE CLEARED I		REPORT TAKEN BY POLICE AGENCY		
0.7.2.6.2.0.2.5./.1	1,5,0,6,	0,7,2,6			0,7,2,6,				5 ₁ / ₁ 1 ₁ 5 ₁ 4 ₁ 0 ₁	MOTORIST		
TOTAL TIME 07 ROADWAY CLOSED INVESTIG	THER SATION TIME	TOTAL MINUTES	OFFICER'S	s name* on, Benjar	nin Aar		elson, Jo	CER'S NAME*				
			rentoo	officer's BAD				OSII BY OFFICER'S BADGE N	IUMBER*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)		
0 0 0 0	3 0	0.6.	2 2	4 2	JE HUMBER		2 . 3	2				

LOCAL REPORT NUMBER

2.0.2.5.-.0.0.0.1.0.6.8.0.

						$\begin{bmatrix} Z_{\perp}U_{\perp}Z_{\perp}S_{\perp}- \end{bmatrix}U$	10,0,1,0,6,8,0,		
-	SHULTZ, JE	NNIFĒR, SUZ	ZANNE	UDE AIEA CORC (178) SAME AS DRIVER) ER ORC 149.43(A)(1)	* NACE SENSONS (**)	DAMAGE AMAGE SCALE			
	DDRESS: STREET, CITY, STATE $\Gamma EIN~CT~101~c$			2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE					
COMMER	CIAL CARRIER: NAME, ADD	RESS, CITY, STATE, ZIP		COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE		- UNKNOWN MAGED AREA(S)		
LP STATE	LICENSE PLATE #		E IDENTIFICATION#	AR VEHICLE MAKE	INDICA	TE ALL THAT APPLY			
	648ZTS NCE INSURANCE COME		C 7 7 C 6 4 9 9 1	7,2,0,2,0,1,	Kia Motors VEHICLE MODEL	11	11 12		
X INSURA			GAR 021603084 7102	TPE	Sedona	10 11 0 2	10 11 1 1		
COMME	TYPE OF USE RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT#	TOWED BY: COMPAN		9 9 3	9 10 2 3		
INTER	LOCK HIT/SKIP UNI	#OCCUPANTS VE	HICLE WEIGHT GVWR/GCWR 1 - ≤10KLBS.		US MATERIAL CLASS # PLACARD ID #	8 7 5 4	8 7 5		
LEGUIP	PED HIT/SKIP ON	0,2	2 - 10,001 - 26K LBS 3 - >26K LBS.	PLACARD	ــــــــــــــــــــــــــــــــــــــ	7 6 5	12 7 6 5		
0,2		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	12 - GOLF CART 13 - SNOWMOBILE	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	12 11 1		
UNITTYPE	3 - SPORT UTILITY VEHICLE 4 - PICK UP	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED	14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR	20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT	25 - OTHER NON-MOTORIST 26 - BICYCLE	9	9 3 3		
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 -TRAIN 99 - UNKNOWN OR HIT/SKIP	7	8 1 4 7 5 4		
_00	# of TRAILING UNITS	(ATV/UTV)	T - MOTORIONE		77-3HKH0114 3K H113KIF	12 7	6 5 12		
	WAS VEHICLE OPERATING IN AU		D - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	10 12 2	6 11 12 1		
_ 2	MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-OTHER/UNK	1 0 1	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 1 2	10 2		
	1 - NONE	MODE LEVEL 6 - BUS - CHARTER/TOUR	11 - FIRE	16-FARM	21 - MAIL CARRIER	9 3 4	8 3 4		
[0,1]	2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY 13 - POLICE	17 - MOWING 18 - SNOW REMOVAL	99-OTHER/UNKNOWN	8 7 6 4	8 7 5		
SPECIAL FUNCTION	4 - SCHOOL TRANSPORT 9 - BUS - OTHER		14 - PUBLIC UTILITY	19-TOWING		6 6	7 6 5		
NET 1021	5 - BUS - TRANSIT/COMMUTER 1 - NO CARGO BODY TYPE		15 - CONSTRUCTION EQUIPMENT 5 - INTERMODAL CONTAINER	8 - POLE	12 - CONCRETE MIXER) Section	12 12 12		
	/NOTAPPLICABLE NOTORVEHICLE 2 - BUS 4 - LOGGING		CHASSIS	9 - CARGO TANK	13-AUTOTRANSPORTER	R A			
BODY Type	2 - 503	4 - LUGGIIIG	7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED 11-DUMP	14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 3 9	9 3 9 7 3 9 3		
	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN	6			
DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	B - TRAILER EQUIPMENT DEFECTIVE	10-DISABLED FROM PRIOR ACCIDENT			6 6 6		
	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER		9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE [_		
NON-MOTORIST LOCATION	CROSSWALK 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK		10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR	AT INCIDENT SCENE 99-OTHER / UNKNOWN	□-TOP [13]	- ALL AREAS [15]		
AT IMPACT	1007100000	5 - TRAVEL LANE - OTHER LOCATIO		TRAILS 13 - NEGOTIATING A CURVE	70 400004611116	∐ - UNIT	NOT AT SCENE [16]		
3	1-NON-CONTACT 2-NON-COLLISION 1 1	1 - STRAIGHT AHEAD 2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING	18-APPROACHING OR LEAVING VEHICLE	INITIAI 0 - NO DAMAG	. POINT OF CONTACT E 14 - UNDERCARRIAGE		
-	4 - STRUCK PRE-CRASH	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED	SPECIFIED LOCATION 15 - WALKING, RUNNING,	19-STANDING 20-OTHER NON-MOTORIST	0 1 1-12 - REFER	TO UNIT 15 - VEHICLE NOT AT SCENE		
	5 - BOTH STRIKING ACTIONS & STRUCK	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED INTRAFFIC	JOGGING, PLAYING 16 - WORKING	21 -STANDING OUTSIDE DISABLED VEHICLE	13-T0P	99 - UNKNOWN		
	9 - OTHER / UNKNOWN		12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN		TRAFFIC		
00000 00000	1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACC	A PARKED POSITION	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	TRAFFICWAY FLOW 1 - ONE-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN		
0_8	3 - RAN RED LIGHT 4 - RAN STOP SIGN	9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING	14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID	EQUIPMENT 19-LOAD SHIFTING/FALLING/	23 - OPENING DOOR INTO ROADWAY	2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
CIRCUMSTANCE		11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	SPILLING 20 - IMPROPER CROSSING	99-OTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING		
SEQUENCE	E OF EVENTS	12 - IMP TOP EN DAURING				ON ROAD	1 - NOT INVOLVED		
1 2 0	1 - OVERTURNIROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16-RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE	3	2 - INVOLVED-PASSIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
1 - 1 0	2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL	17-ANIMAL - FARM 18-ANIMAL - DEER	EQUIPMENT 23 - STRUCK BY FALLING,	UNIT / NOM	I-MOTORIST DIRECTION		
2	4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION	19-ANIMAL - OTHER 20-MOTOR VEHICLE IN	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST		
3	LOSS OR SHIFT	10-CHOSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRANSPORT 21 - PARKED MOTOR VEHICLE	24 -OTHER MOVABLE OBJECT	FROM4 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
	25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAIL END	N WITH FIXED OBJECT 37-TRAFFIC SIGN POST	- STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN		
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES	44 - DITCH 45 - EMBANKMENT	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED		
5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34-MEDIAN GUARDRAIL BARRIER	SUPPORT 40 - UTILITY POLE	46-FENCE 47-MAILBOX	52 - BUILDING 53 - TUNNEL	$\begin{bmatrix} 0_{\perp} 1_{\perp} 0_{\perp} \end{bmatrix}$	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR		
6	28-BRIDGE PARAPET 29-BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48-TREE 49-FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED		
1	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	STATEMENT COMMITTEE		2 5			
1 1	FIDST HADMEIII EVEN	T MOCT L	IADMEIII EVENT				1		

LOCAL REPORT NUMBER

2,0,2,5,-,0,0,1,0,6,8,0,

							0 0 1 0 0 0 0			
-	OWNER NAME: LAST, FIRST DAWSON, M.	ATTHEW, E		REDACTED PE	ER ORC 149.43(A)(1)	DAMAGE SCALE				
	DORESS: STREET, CITY, STATE DMERSET LN		AKE ,OH 440	12		2 1 - NONE 2 - MINOR DAMA	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE			
	CIAL CARRIER: NAME, ADDR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PHONE: INCLUDE AREA CODE	9 - UNKNOWN				
I D CTATE		T WELLIA	E IDENTIFICATION #	Lycuros cyr	4D VEWOLE WAYE		AGED AREA(S) E ALL THAT APPLY			
	LICENSE PLATE # KPL8148		E IDENTIFICATION # $(\mathbf{W}_1, \mathbf{J}_1, $	3,7,6, 2,0,1,		12	12			
INSURAI VERIFI	T	10000000	INSURANCE POLICY # 1378428678	TAN	VEHICLE MODEL TRAVERSE	10 11 12 1	10 12 1			
COMME	TYPE OF USE	IN EMERGENCY RESPONSE	US DOT#	TOWED BY: COMPAN	Y NAME	9 9 3 3	10, 2			
Tananana.			EHICLE WEIGHT GVWR/GCWR		US MATERIAL					
DEVICE EQUIP	E HIT/SKIP UNI		1 - ≤10KLBS. 2 - 10,001 - 26KLBS. 3 - >26KLBS.	■ RELEASED	CLASS # PLACARD ID #	8 7 6 5 4	12 7 6 5			
	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER	,, ,	12			
0_{3}	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST	7	11 1 2			
UNITTYPE		10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR	26-BICYCLE 27-TRAIN	9	9 3 3			
	5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 8 5 4			
_00	# of TRAILING UNITS	(ATV / UTV)				12 7	5 12			
	WAS VEHICLE OPERATING IN AU		D - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	11 12	6 11 12			
2	MODE WHEN CRASH OCCURRED 1-YES 2-NO 9-CTHER/UNK		1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 1 1 2	10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1-123 2-NO 7-01HER/ONN	MODE LEVEL		3-1 GE AUTOMATION		9 3 3	9 3			
0.1	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11 - FIRE 12 - MILITARY	16-FARM 17-MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 74	8 7 5 74			
SPECIAL	3 - ELECTRONIC RIDE SHARING		13 - POLICE	18 - SNOW REMOVAL	//-VIIIEN/VIIINIVIII	7 6 5	7 6 5			
FUNCTION	4 - SCHOOL TRANSPORT	9 - BUS - OTHER	9 - BUS - OTHER 14 - PUBLIC UTILITY			6	6			
	5 - BUS - TRANSIT/COMMUTER		15 - CONSTRUCTION EQUIPMENT		12 CANCACTE HIVEA		12 12 12			
0_1	1 - NO CARGO BODYTYPE /NOTAPPLICABLE	MOTORVEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE 9 - CARGO TANK	12 - CONCRETE MIXER 13 - AUTOTRANSPORTER	12				
BODY	2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED	14-GARBAGE/REFUSE	98 8 8	e 3 9 1 3 9 3 3			
TYPE	30 ** \$464566555500*(e45	06/1000 Value (A		11-DUMP	99-OTHER / UNKNOWN					
VEHICLE.	1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICKTIRES 8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 10 - DISABLED FRON PRIOR	99 - OTHER / UNKNOWN	6				
	3 - TAIL LAMPS	6 - TIRE BLOWOUT	DEFECTIVE	ACCIDENT			6 6 6			
—		3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE [0	UNDERCARRIAGE [14]			
NON-MOTORIST	CROSSWALK 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE 99-OTHER / UNKNOWN	☐-TOP [13]	- ALL AREAS [15]			
LOCATION AT IMPACT	CROSSWALK	5 -TRAVEL LANE - OTHER LOCATIO	B - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	77-0111EN GRENOWN	- UNIT N	OT AT SCENE [16]			
	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18-APPROACHING	INITIAL	POINT OF CONTACT			
. 4		2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	OR LEAVING VEHICLE 19-STANDING	0 - NO DAMAGE	14 - UNDERCARRIAGE			
ACTION	4 - STRUCK PRE-CRASH	4 - OVERTAKING/PASSING	10 - PARKED	15 - WALKING, RUNNING,	20 - OTHER NON-MOTORIST	0 6 1-12 - REFER TO	UNIT 15 - VEHICLE NOT AT SCENE			
	5 - BOTH STRIKING ACTIONS & STRUCK	INTRAFFIA		JOGGING, PLAYING 16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	13-T0P	99 - UNKNOWN			
	9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN	т	RAFFIC			
		7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 -LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL			
Λ 1	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8 - FOLLOWING TOO CLOSE / ACC 9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED	18-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN			
CONTRIBUTING	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19-LOAD SHIFTING/FALLING/ SPILLING	ROADWAY	2 2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
CIRCUMSTANCES	5 - UNSAFE SPEED 6 - IMPROPERTURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 -OTHER IMPROPER ACTION	# of THROUGH LANES	RAIL GRADE CROSSING			
SEQUENCE	OF EVENTS	ac ini no an broning				ON ROAD	1 - NOT INVOLVED			
2.0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE	3	2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING			
1 2 0		7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL - FARM	EQUIPMENT	UNIT / NON 2	MOTORIST DIRECTION			
2	3 - IMMERSION 4 - JACKKNIFE	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY	18-ANIMAL - DEER 19-ANIMAL - OTHER	23 - STRUCK BY FALLING, SHIFTING CARGOOR	J	1 - NORTH 5 - NORTHEAST			
	5 - CARGO / EQUIPMENT	10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT	ANYTHING SET IN MOTION BY A MOTOR VEHICLE	4	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST			
3	LOSS OR SHIFT		15-PEDALCYCLE	21 - PARKED MOTOR VEHICLE	24 - OTHER MOVABLE OBJECT	FROM LT TO L	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
	25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAIL END	N WITH FIXED OBJECT 37-TRAFFIC SIGN POST	43-CURB	50 - WORK ZONE MAINTENANCE		9 - OTHER / UNKNOWN			
4	/ CRASH CUSHION	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	EQUIPMENT	UNIT SPEED	DETECTED SPEED			
5	STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39 - LIGHT / LUMINARIES SUPPORT	45 - EMBANKMENT 46 - FENCE	51 - WALL 52 - BUILDING	0,0,0,	1 - STATED / ESTIMATED SPEED			
	27 - BRIDGE PIER ORABUTMENT 28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX	53 - TUNNEL 54 - OTHER FIXED OBJECT		2 - CALCULATED / EDR			
6	29-BRIDGE RAIL	BARRIER	OR SUPPORT	OR SUPPORT 49 - FIRE HYDRANT		POSTED SPEED	3 - UNDETERMINED			
1	30-GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT			2 5				
	FIRST HARMFUL EVEN	T MOST H	HARMFUL EVENT							

OFF PUBLIC BAFETY MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER								
SAFETY - MERVICO	E-PROTECTION	010K131 / 140) 4 - W	1010	KIS				L2_0_	2 5 - 0 0	10_{1}	0.6.8	3 0		
UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
		NALD, TERRA,	GAIL						0 6 1 2 2 0 0 8 1 7 F						
	TEIN CT 101, Kent, OH 44240								REDACTED PER ORC 149.43(A)(1)						
	S INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT								T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
0 <u>2</u> 5	TAKEN BY							USED 0 4	DOT-COMPLIANT 0 1			1 1 1			
OL STATE		LICENSE NUMBER	4.4.42	OFFENS			LOCAL	OFFENSE DESC	RIPTION	- 191		ON NUMBER	•		
OH	REDAC	TED PER ORC 450	11.1-12	4511.	.21A			Assured Clea				4			
OL CLASS	SELECT UP TO 2		DIST	VER TRACTED	_	LCOHOL MAI		CONDITION	NDITION ALCOHOL TEST STATUS TYPE VALUE S			TYPE RESUL	S) LT SELECTUPTO4		
. 4			BY	1	=	THER DRUG	KIJUANA	. 1 .	1	1	1	1			
UNIT #	NAME: LAST	FIRST, MIDDLE				3,145,040,040,070				DATE OF BIRTH		AGE	GENDER		
. 0 . 2 .	DAWS	ON, EMILY, MA	RIE						0.8	2 1 2 0	0 3	2.1	F		
	STREET, CITY, S								CONTACT	PHONE - INCLUDE AREA C	ODE .				
951 LA	AKEW	OOD DR ,SHEFF	IELD	LAKI	E ,O	H 44054			RED	ACTED PER	ORC	149.43	3(A)(1)		
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	□DOT-C:	SEATING POSITIO	N AIR BAG U	AIR BAG USAGE EJECTION TRAPPED			
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OH			71.1-12												
OL CLASS	SELECT UP TO 2		DIST	VER TRACTED	_	CHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS T	YPE VALUE		TATUS TYPE RESULT SELECT UP TO 4			
4		1	BY	1	=	THER DRUG	KIJUANA	1 .	1 1	1	1	1	0 11 3		
UNIT#	NAME: LAST	, FIRST, MIDDLE			_					DATE OF BIRTH		AGE	GENDER		
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ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTACT	PHONE - INCLUDE AREA C	PHONE - INCLUDE AREA CODE				
NOTO N										1 1 1	1 1				
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	AKEN TO	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	□ DOT-C		N AIR BAG U	SAGE EJECTION	N TRAPPED		
\	BY							سا	Шмс не	LMET			ىـــــا ب		
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	E CHAI	RGED	LOCAL CODE	OFFENSE DESC	RIPTION		CITATIO	ON NUMBER			
			leen						AL C	COHOL TEST		DRUG TEST(S	8)		
□ OL CLASS	SELECT UP TO 2			TRACTED		LCOHOL MAI	RIJUANA	CONDITION	STATUS T			TYPE RESUL			
	ـــالــــا	ے بنے بنے ا				THER DRUG				التحادات		اللال	لـــالـــالـــ		
INJU	RIES	SEATING POSITION		IR BAG		OL CLAS	s	OL RESTRIC		DRIVER DISTRAC	1000	TEST ST	ATUS		
1 - FATAL 2 - SUSPECTED S	ERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOYE			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT		1 - NOT DISTRACTED 2 - MANUALLY OPERATIN		- NONE GIVEN - TEST REFUSED			
3 - SUSPECTED N	INOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3- DEPLOYE	ED SIDE		3 - CLASS C		3 - CORRECTIVE LE		ELECTRONIC COMMUN DEVICE (TEXTING, TYP	ICATION 3	-TEST GIVEN, CO			
4 - POSSIBLE INJ 5 - NO APPARENT		4 - SECOND - LEFT SIDE	4 - DEPLOYE 5 - NOTAPP	ED BOTH FROI	NT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLASS	A RIIS	DIALING) 3 - TALKING ON HANDS-FF	orr 4	-TEST GIVEN, RE			
		(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE		MENT UNKNO	WN	5 - M/C MOPED ONLY		6 - EXCEPT CLASS		COMMUNICATION DE V		-TEST GIVEN, RE UNKNOWN	SULTS		
1 - NOT TRANSPO		6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-HEI COMMUNICATION DEV	ICE	ALCOHOL TE	ST TVDE		
/TREATED AT 2 - EMS	SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 NOTEJE	ECTION		OL ENDORSEI H - HAZMAT	MENT	8 - INTERMEDIATE RESTRICTIONS	LICENSE	5 - OTHER ACTIVITY WITH ELECTRONIC DEVICE	AN	- NONE	31 111 2		
3 - POLICE		8 - THIRD - MIDDLE	2 - PARTIAL			M - MOTORCYCLE		9 - LEARNER'S PER	MIT	6 - PASSENGER		- BLOOD - URINE			
9 - OTHER / UNKI	IOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY 4-NOTAPP			P - PASSENGER N - TANKER		RESTRICTIONS 10 - LIMITED TO DAY	LIGHT ONLY	7 - OTHER DISTRACTION INSIDE THE VEHICLE		- BREATH			
SAFETY EG	UIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER			may.	Q - MOTOR SCOOTER		11 - LIMITED TO EM		8 - OTHER DISTRACTION O THE VEHICLE	OUTSIDE 5	-OTHER			
1 - NONE USED 2 - SHOULDER BE	FIT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1- NOTTRAI	PPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE 13 - MECHANICAL DI		9 - OTHER / UNKNOWN		DRUG TES	TTYPE		
3 - LAP BELT ONL		PICK-UP WITH CAP)	2 - EXTRICA	TED BY		S - SCHOOL BUS T - DOUBLE & TRIPLE	TRAILERS	(SPECIAL BRAK CONTROLS, OR O	ES, HAND	CONDITION	112	- NONE - BLOOD			
4 - SHOULDER & 5 - CHILD RESTR		12 - PASSENGER IN UNENCLOSED CARGO AREA	3- FREED B	ICAL MEANS Y		X - TANKER / HAZMAT		ADAPTIVE DEVI	CES)	1 - APPARENTLY NORMAL	3	- URINE			
FORWARD FAC	CING	13 - TRAILING UNIT	NON-MEC	CHANICAL ME	ANS	GENDER		14 - MILITARY VEHICLE		2 - PHYSICAL IMPAIRMEN 3 - EMOTIONAL (E.G., DEPRI		-OTHER			
6 - CHILD RESTR REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE		AIR BRAKES 16 - OUTSIDE MIRRO	R	ANGRY, DISTURBED)		RUG TEST R			
7 - BOOSTER SEA		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				M - MALE U - OTHER / UNKNOWN		17 - PROSTHETIC AL		4 - ILLNESS 5 - FELL ASLEEP, FAINTED		- AMPHETAMINE - BARBITURATES			
9 - PROTECTIVE	PADSUSED	J. OTHER JOHNSON						18-OTHER		FATIGUED, ETC. 6 - UNDERTHE INFLUENC	c c	- BENZODIAZEPII			
(ELBOW, KNEI 10 - REFLECTIVE										OF MEDICATIONS / DRU	GS 4	- CANNABINOIDS - COCAINE			
11 - LIGHTING - P	EDESTRIAN									9- OTHER/UNKNOWN	6	- OPIATES / OPIOI	IDS		
/ BICYCLE ON 99 - OTHER / UNKN												- OTHER - NEGATIVE RESU	27.111		

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U	OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
_								2 0 2 5 - 0 0 0 1 0 6 8 0						
	UNIT # NAME: LAST, FIRST, MIDDLE 101 LENNOX, MARGARET, LEIGH								E OF BIRTH 1	0 . 8 .	AGE	GENDER F		
ANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE					
OCCUPANT	Commence of the Commence of th		FIELD CIR ,F	REDACT	REDACTED PER ORC 149.43(A)(1)									
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION 1	TRAPPED			
Н	UNIT#	NAME: LAS	T, FIRST, MIDDLE				0 1	DAT	E OF BIRTH		AGE	GENDER		
OCCUPANT	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY				DOT-COMPLIANT MC HELMET								
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Ε								ــــــــــــــــــــــــــــــــــــــ	111		1.1			
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
000	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT	DOT C	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		TAKEN BY					USED	DOT-COMPLIANT MC HELMET		L				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
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OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	PHONE - INCLUDE AREA CODE					
00	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
3		TAKEN BY					USED	DOT-COMPLIANT MC HELMET		L				
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE			
96 10	1 - FATA			1 - NONE US	ED - OCCUPANT		IT – LEFT SIDE ORCYCLE DRIV	FR)	1 - NOT DE					
			RIOUS INJURY		ER BELT ONLY USED		IT - MIDDLE		YED FRONT					
		SIBLE INJU	NOR INJURY	3 - LAP BEL	T ONLY USED	3 - FRON								
		PPARENT		4 - SHOULDI	ULDER & LAP BELT USED 4 - SECOND (MOTORC				FRONT/SIDE					
		INJURED	TAKEN BY		RESTRAINT SYSTEM – 5 - SECOND – MIDDLE RD FACING 6 - SECOND – RIGHT SI			5 - NOT APPLICABLE						
	1 - NOT	TRANSPOR			ESTRAINT SYSTEM –	9 - DEPLOYMENT UNKNOWN								
		EATED AT S	CENE	REAR FA		ORCYCLE SIDE D – MIDDLE	CAR)		EJECTI	ON				
	2 - EMS 3 - POLI			7 - BOOSTER 8 - HELMET		E 2 - PARTIALLY EJECTE			ED.					
		ER / UNKNO	OWN		TVE PADS USED		PERSECTION (OF TRUCK CAB HER ENCLOSED 3 - TOTALLY EJECTI						
			NDER		KNEES, ETC.)	RAILING UNIT, 4 - NOT APPLICABLE								
	F-FEMA	ALE			TVE CLOTHING G – PEDESTRIAN		ENGER IN UNE			TRAPP	E D			
Ē	M - MAL		MAN	/ BICYCL			O AREA		1 - NOT TRAPPED					
	U - OTHER / UNKNOWN 99 - OTHER /			99- OTHER /	UNKNOWN	13 - TRAILING UNIT 14 - RIDING ON VEHICLE		EXTERIOR	2 - EXTRICATED BY MECHAN MEANS			ICAL		
							MOTORIST			BY NON-ME	CHANIC	AL		
Ц	NAME	ST, FIRST, MIDD	15			99 - OTHE	R / UNKNOWN	DIT	E OF BIRTH		AGE	GENDER		
SS	NAME: LA	SI, FIKSI, MIDU	CE.					DAI	EUFBIRIN		AGE	GENDER		
WITNESS	ADDRESS	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE				
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SS	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
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S	NAME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER		
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